ENTRY BLANK	
PLEASE TYPE OR PRINT Entered previous M	ay Shov
yes □ no	
Ms. Robert Jergen	6
Mr. Artist (Last Name	Last)
2 1 1 2 1 1 1 0	2000
Permanent 1314 Brookdale, Para Adress Street City	Ma.
44134 Tel. 216 661 4118	
Zip Area Code	
Temporary or Studio Address	
Street City	
Temporary or Studio Address Street City  Tel. 216 842 1230	
Zip Area Code	
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?	
Collaborator	
(If Any)	
If May Show entries are not accepted or not sold:	
Artist will pick up at Museum.  Museum should dispose of.	
☐ Museum should ship to artist C.O.D. at this address:	
Special Instructions	
When necessary include below instructions or a drawing of the object is to be assembled and displayed.	how
the object is to be assembled and displayed.	
This entry blank must be fully made out and signed. Unsig	

entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until August 21, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

ENTRY BLANKS							
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Materials							
	/						
acrilic on canvas							
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GRAPHICS AND PHOTOGRAPHY ONLY							
Additional No. For Sale		Total No. in Edit	ion	Price Unframed	Price of Frame		
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